VII

DEMONSTRATION OF CLINICAL CASES

DR. H. M. HANSCHELL exhibited (1) a Chinaman with *granuloma pudendi*. He had been shown to the Society eight months previously. In the interval he had been handed over for treatment to Dr. Manson-Bahr. The lesion was now completely healed—the resulting scar somewhat distorting the normal lie of the penis. The treatment by antimony Dr. Manson-Bahr would describe to the Society.

(2) A boy twelve years old—congenital syphilis. Well-grown, sturdy, and active. Mentally defective. Classical features, flattened nose, etc., of congenital syphilis ; scars of old gummatous necrosis of the right frontal bone and scalp. Present necrosis of upper maxilla in front. Lower incisors present and normal, all other teeth absent except a few molars showing "mooning." Wassermann in blood positive + +. No enlargement liver or spleen, K.j.'s present ; pupils equal and react to light and accommodation. Had never had any treatment. Mother's blood Wassermann positive + +. One brother one year younger, no clinical signs of syphilis, and blood Wassermann completely negative, but puny.—H. M. H.

Dr. MANSON-BAHR, speaking on Dr. Hanschell's first case, said it illustrated one of the diseases which were essentially of tropical origin. Ulcerating granuloma occurred in certain definite tropical areas ; it was very common in New Guinea, was found in the Chinese Treaty Ports, in South Africa, South America, and the West Indies. This was the sixth consecutive case of the condition he had treated during the last four years. Antimony tartrate was a specific for this, as for several other tropical diseases. The preparation must be given by the intravenous route and must be persisted in for months. It was given in a 1 to 2 per cent. solution, commencing with $\frac{1}{2}$ grain dissolved in 5 c.c. of distilled water, and the dose should be gradually increased to the particular patient's toleration point, which might be as much as $2\frac{1}{2}$ grains at a single dose and 5 grains a week. Local measures were of great importance ; intolerance was usually shown by

muscular pains. The disease might burrow beneath the pubic region and extend in the scrotum. Usually it advanced towards the abdomen and into the groin. In some of his later cases he tried 1 per cent. antimony tartrate in paraffin ointment, and to this he found some patients were more tolerant than others. The ointment should be left *in situ* two and half hours, and must not be allowed to encroach on healthy skin. The tissue reaction which followed the use of this preparation was found to be sound healing. The patient now exhibited had taken 100 grains. Another case took three and a half years to cure, thus entailing the use of some 400 grains of antimony. Surgery was inadvisable in these cases. In the prolonged case he referred to surgery was practised, and there was immediate extension at the edges of the wound. The causative organism had not yet been identified with certainty. At the advancing edge of the ulceration there was an epithelial downgrowth, resembling that of an early epithelioma.

Dr. DAVID NABARRO, referring to the second case, spoke of the typical facies of the child and the necrosis of the maxilla. The latter was only rarely seen. Of the 500 cases of congenital syphilis, at all ages, which he had seen at the Great Ormond Street Children's Hospital, he had seen only one case of necrosis in that site. This present boy also had some gummatous necrosis of the bones of the skull. He suggested the cerebro-spinal fluid being tested, and if it were positive to the Wassermann, he would give salvarsanised serum intrathecally.

The PRESIDENT reminded members that he had shown to the Society a girl with congenital syphilis in whom the nose disappeared within a month. The patient was aged nineteen. She was sent in as a case of lupus. Her Wassermann was negative, but her mother's was strongly positive.

Dr. SEMON, referring to the first case, said he wondered whether the intravenous injection of antimony tartrate was the real cause of the healing ; the cause might have been the ointment, as it was not until that was applied that healing began.

Dr. MANSON-BAHR replied that the intravenous injection of antimony tartrate was introduced in 1912, and this was the first tropical disease which was treated in that way. It was then utilised in the treatment of kala-azar.

He had only treated his last two cases with ointment, which he regarded merely as an adjuvant. He had no doubt about the specificity.

Mr. ANWYL-DAVIES asked whether Dr. Manson-Bahr had tried ionisation in a sore of this kind. After many remedies, including radium, had been tried unsuccessfully, weak ionisation with sodium chloride had resulted in a rapid and permanent cure, but copper and zinc ionisation had had no effect.

Dr. MANSON-BAHR, in further reply, said he had not had the opportunity of trying ionisation. To get good results from antimony tartrate it was important to refrain from boiling it. A brilliant friend of his in Bombay found that if the antimony tartrate were boiled it had no effect on the disease organisms, though chemical analysis of the boiled and the unboiled solutions did not seem to differ.